



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 2, 2015

Mr. Jeff Jablon, PCHA
Hollidaysburg Veteran's Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

RE: Hollidaysburg Veteran's Home
Certificate #: 343600

Dear Mr. Jablon:

As a result of the Department of Human Services' licensing inspection on April 30, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 34360 - 04/30/2015 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 4/9/15, at approximately 11:30 pm, the fire alarm sounded and resident #1 refused to evacuate to the designated meeting place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was educated on the importance of evacuation when the fire alarm sounds. He will be given a 30 day notice of discharge should he not evacuate in the future. A "town hall" meeting was held on 5/7/15 to address fire safety. Reminders were given to all residents that attended. In addition, reminder memos stating the responsibilities of residents when the alarm sounds were distributed to all residents (attached). To ensure compliance with the expectations of the fire drill evacuations, drills were conducted on 4/17/15 and 5/14/15. Both drills resulted in full cooperation by all residents (attached).

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEFF JARSON PC ADMINISTRATOR	Date 5/15/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/1/15</u> (Date)	Plan of correction implementation status as of <u>6/1/15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>CB</u> (Initials)	